FOR BHF USE

LL2

Supportive Living Facility

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000049

Facility Name: Eden Supportive Living

Address: 940 W Gordon Terrace (Number) Chicago (City) 60613 (Zip Code)

County: Cook

Telephone Number: (773) 472-1020 **Fax #** (773) 572-4698

Federal Employer ID Number:

Date Current Owners were Certified: 05/10/05 (incorporated)

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Mitch Hamblet **Telephone Number:** (630) 929-3333
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/17 to 12/31/17 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Michael J. Hamblet, Jr.
(Title) Managing Member

Paid Preparer

(Signed) (Date)
(Print Name and Title) Paul H. Wieland, President
(Firm Name & Address) Wieland & Company, Inc., 201 Houston Street, Ste. 301 Batavia, IL 60510
(Telephone) (630) 406-4490 Fax # (630) 406-4491

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Eden Supportive Living Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	34	Single Unit Apartment	12,444	12,444	1
2	50	Double Unit Apartment	36,600	36,600	2
3		Other			3
4	84	TOTALS	49,044	49,044	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	11,644	732		12,376	5
6	Double Unit	34,544	427		34,971	6
7	Other					7
8	TOTALS	46,188	1,159		47,347	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.54%

D. Indicate the number of paid bed-hold days the SLF had during this year 548 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 91 **(Do not include bed-hold days in Section B.)**

E. Does page 3 include expenses for services or investments not directly related to SLF services?
YES [ ] NO [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/17 Fiscal Year: 12/31/17
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain.

Facility Name: Eden Supportive Living **Report Period Beginning: 01/01/17 Ending: 12/31/17**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	348,398	360,562		708,960		708,960	1
2	Housekeeping, Laundry and Maintenance	219,113	105,273	203,439	527,825		527,825	2
3	Heat and Other Utilities			141,268	141,268		141,268	3
4	Other (specify):							4
5	**TOTAL General Services**	567,511	465,835	344,707	1,378,053		1,378,053	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	266,179	3,884		270,063		270,063	6
7	Activities and Social Services	54,518		29,762	84,280		84,280	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	320,697	3,884	29,762	354,343		354,343	9
	C. General Administration							
10	Administrative and Clerical	457,488	42,091	36,667	536,246		536,246	10
11	Marketing Materials, Promotions and Advertising			5,129	5,129		5,129	11
12	Employee Benefits and Payroll Taxes			170,032	170,032		170,032	12
13	Insurance-Property, Liability and Malpractice			62,423	62,423		62,423	13
14	Other (specify):			602,783	602,783		602,783	14
15	**TOTAL General Administration**	457,488	42,091	877,034	1,376,613		1,376,613	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,345,696	511,810	1,251,503	3,109,009		3,109,009	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			239,070	239,070		239,070	17
18	Interest			335,655	335,655		335,655	18
19	Real Estate Taxes			91,703	91,703		91,703	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			45,923	45,923		45,923	22
23	**TOTAL Ownership**			712,351	712,351		712,351	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,345,696	511,810	1,963,854	3,821,360		3,821,360	24

Facility Name: Eden Supportive Living Report Period Beginning: 01/01/17 Ending: 12/31/17

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 31.25	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	12.50	3
4	Activity Director & Assistants	2	17.13	4
5	Social Service Workers			5
6	Head Cook	3	16.00	6
7	Cook Helpers/Assistants	7	10.50	7
8	Dishwashers	3	10.58	8
9	Maintenance Workers	2	13.25	9
10	Housekeepers	3	11.60	10
11	Laundry	1	12.50	11
12	Managers	4	27.11	12
13	Other Administrative	2	19.25	13
14	Clerical	1	10.50	14
15	Marketing	1	22.67	15
16	Other			16
17	Total (lines 1 thru 16)	39	$ 16.53	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Affiliate Asset management fees		40	$ 51,119	1
2					2
3					3
4					4
5					5
			Total	$ 51119	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	1
2			2
	Total	$	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
Eden Fox Valley	North Aurora, IL			Supportive Living
Eden Supportive Living Champaign	Champaign, IL			Supportive Living
Eve Assisted Living	Hinsdale, IL			Assisted Living
Eden Supportive Living - South Shore	Chicago, IL			

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES [X] NO [ ]
Name of related entity: Eden Services If yes, what is the value of those services? $ 51,119
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [ ] NO [X]
If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Eden Supportive Living Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land 189,167 Year land was acquired 1999

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	84		1999	2005	$ 8,039,286	$ 161,231	40	$ 161,231	$	$ 2,022,363	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Cardio room mirrors			2008	1,850		7			1,850	6
7	Office buildout			2008	4,600	167	28	167		1,656	7
8	Hot water boiler			2009	5,818		7			5,818	8
9	Granite			2009	6,400	233	28	233		1,980	9
10	Hot water boiler			2010	5,818	1	7	1		5,818	10
11	Buildout/remodel			2010	7,407	269	28	269		1,995	11
12	Renovations			2011	47,372	1,723	28	1,723		10,482	12
13	Renovations			2012	191,471	6,963	28	6,963		38,296	13
14	Outdoor improvements			2013	8,550	1,221	7	1,221		5,318	14
15	Renovations			2013	2,609	95	28	95		427	15
16	Flagpole			2014	1,922	275	7	275		1,031	16
	Renovations			2017	47,448	3,304	7	3,304		3,304	
	Renovations			2017	29,800	563	28	563		563	
17	TOTAL (lines 1 thru 16)				$ 8,400,351	$ 176,045		$ 176,045	$	$ 2,100,901	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	$ 323,175	$ 9,880	$ 9,880	$	5 to 7	$ 304,098	18
19	Vehicles	16,567				5	16,567	19
20	TOTAL (lines 18 and 19)	$ 339,742	$ 9,880	$ 9,880	$		$ 320,665	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		$	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: Eden Supportive Living Report Period Beginning: 01/01/17 Ending: 12/31/17

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				$			7

8. Is movable equipment rental included in building rental? ☐ YES ☐ NO

9. Rental amount for movable equipment $ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Oak Grove Capital		X	Rehab and SLF conversion (REFI)	8/31/11	$ 9,400,000	$ 8,336,517	2/21/45	3.8800	$ 335,655	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,400,000	$ 8,336,517			$ 335,655	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,400,000	$ 8,336,517			$ 335,655	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Eden Supportive Living **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,056,255	$	1
2	Cash-Patient Deposits	156,486		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 515,000)	2,058,685		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	38,106		6
7	Other Prepaid Expenses	31,411		7
8	Accounts Receivable (owners or related parties)	26,239		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,367,182	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617		13
14	Buildings, at Historical Cost	8,402,750		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	339,742		16
17	Accumulated Depreciation (book methods)	(3,331,753)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	329,223		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,929,579	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,296,761	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 80,285	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	115,056		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	39,713		30
31	Accrued Taxes Payable	87,000		31
32	Accrued Interest Payable	44,251		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred Revenue	46,104		35
36	Current Portion of Mortgage Note	178,545		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 590,954	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,157,972		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to Owners (from surplus cash)	383,000		42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 8,540,972	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,131,926	$	45
46	**TOTAL EQUITY**	$ 164,835	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,296,761	$	47

***(See instructions.)**

Facility Name: Eden Supportive Living **Report Period Beginning: 01/01/17 Ending: 12/31/17**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 5,254,563	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 5,254,563	3
	B. Other Operating Revenue		
4	Special Services	12,987	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 12,987	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	383	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 383	14
	D. Other Revenue (specify):		
15	**Commercial Rent**	11,100	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 11,100	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 5,279,033	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,378,053	19
20	Health Care/ Personal Care	354,343	20
21	General Administration	1,376,613	21
	B. Capital Expense		
22	Ownership	712,351	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 3,821,360	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,457,673	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,457,673	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,747,742	32
33	Private Pay - Net Inpatient Revenue	1,506,821	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 5,254,563	37

Eden Supportive Living
01/01/2017 to 12/31/2017

STATEMENT 1 PART IV, LINE 14, COLUMN 3 - OTHER GENERAL ADMINISTRATION

Renting expenses	$ 4,694
Audit and accounting fees	9,685
Management fees	51,119
Bad debt	515,000
Miscellaneous taxes and licenses	22,285
	$602,783